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TO: Examiner David E. Graybill FROM: Robert J. Depke, Reg. No. 37,607
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NOTES:

Inventors: Yoshiyuki Yanagisawa
Serial No.: 09/876,290
Art Unit: 2822
Filed: June 7, 2001
Attorney Ref.: 075834.00085

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Jan. 31. 2006 6:13PM Trexler Bushnell et al

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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FORM**

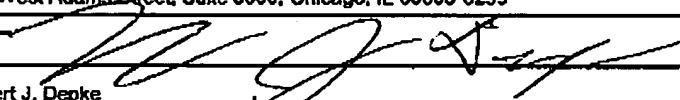
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Total Number of Pages in This Submission

Application Number	09/876,290
Filing Date	June 7, 2001
First Named Inventor	Yoshiyuki Yanagisawa
Art Unit	2822
Examiner Name	David E. Graybill
Attorney Docket Number	075834.00085

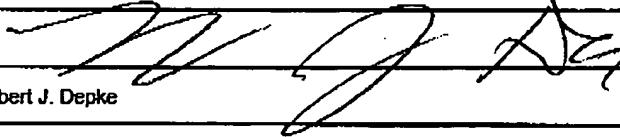
ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Election/Restriction Requirement	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			
Remarks			
The Commissioner is hereby authorized to charge any fees due or to credit any overpayment to Deposit Account No. 20-1495			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Trexler, Bushnell, Giangiorgi, Blackstone & Marr, Ltd. 105 West Adams Street, Suite 3600, Chicago, IL 60603-6299		
Signature			
Printed name	Robert J. Depke		
Date	1/31/06	Reg. No.	37,607

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Robert J. Depke
Date	1/31/06

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PTO/SB/17 (10-04)
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FEE TRANSMITTAL

for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT **(\$ 450.00)**

Complete if Known

Application Number	09/876,290
Filing Date	June 7, 2001
First Named Inventor	Yoshiyuki Yanagisawa
Examiner Name	David E. Graybill
Art Unit	2822
Attorney Docket No.	075834.00085

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
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Deposit Account Number **20-1495**
 Deposit Account Name **Trexler, Bushnell et al.**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
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FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	66	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	
1253	980	2253	490	Extension for reply within third month	
1254	1,630	2254	765	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,370	2501	885	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	660	2503	330	Plant issue fee	
1480	130	1480	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	780	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

SUBTOTAL (1) **(\$ 0.00)**

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	<input type="text"/>	<input type="text"/>
Multiple Dependent	- 3** =	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202	18	2202 9 Claims in excess of 20
1201	68	2201 44 Independent claims in excess of 3
1203	300	2203 150 Multiple dependent claim, if not paid
1204	88	2204 44 ** Reissue independent claims over original patent
1205	18	2205 8 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(\$ 0.00)**

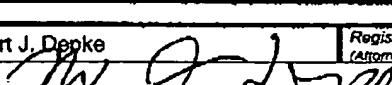
** or number previously paid, if greater. For Reissues, see above

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$ 450.00)**

(Complete if applicable)

Name (Print/Type)	Robert J. Depke	Registration No. (Attorney/Agent)	37,607	Telephone	312-704-1890
Signature			Date	1/31/06	

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